

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 04/03/2022 17:50 (SGT) Date of Accident 04/03/2022 14:45 (SGT) Exact Location of Accident Near 2 Toh Guan Rd E, Singapore 608837 Additional Location Information TOH GUAN ROAD TOWARDS TOH GUAN ROAD EAST Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Manual

1998

No - Reporting only

Vehicle Registration Number SKG109D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEO SHEN HOUN NRIC No. S8034950E

Email Address OELKRAM333@GMAIL.COM Mobile Phone No (Phone) +65-93868854

Alternative Phone No +65-93868854

VEHICLE PARTICULARS

Manufacturer Ford Model Focus Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ21-003320

Cover Note Number

DRIVER

Name of Driver LEO SHEN HOUN NRIC No. S8034950E

Date Of Birth 03/11/1980 Occupation Indoor Date Of Driving Pass 12/11/2004 Driving experience 17 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-93868854 Alt. Phone Number +65-93868854 Email Address OELKRAM333@GMAIL.COM Address 1 CHENG SOON LANE Address complement Postcode 599761 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD82Y

 Vehicle Registration Number
 SHD82Y

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 LIM ENG KHOONG

 Contact Number
 (Phone) +65-97962898

 Address

 Address complement

Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
	1

SKETCH PLAN

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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

A 4mar 2022

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehide A: SKG 109D Vehide B: SHD82Y

Toh Guan Road toward Toh Guan Road East

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-1	The det de la constant and standen specielle
cele	ory toh gonn road entering Tolinguan road east.
-	67 1 2 61 6 6 1 1 1 1 1 1 1 1
- (ay valide 15 Still \$29 in front of me Drake pearuse of
a	notoxyde the siddlerly energed thank a truck from main
rod	ay i valide B SHD \$24 in front of me bruke pearuse of motorycle it suddenly energed behind a truck from main of Toh guan read east).
ì	hit the taxi rear. no injuries were started or reporter this accident.
,w	this accident.
	- 1920 -
-	
_	

Declaration

IWe declare the foregoing particulars are true in every respect.

F 4/3/22 41615

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





















EQ Insurance Company Limited to Macand Blace #11 (c) from Black MMO Complex Scriptored to 0x 0223 MO) I tax 0x 6224 MO) whose permutative contrast ray on 1978-00490 N November Atto Company Socjapon 96875



CERTIFICATE OF INSURANCE

BOAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA THE MOTOR VEHICLES (THIRD-PARTY 915KS AND COMPENSATION, ACT, CAP 189 OF THE REVISED EDITION).
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES, THIRD-PARTY RICKS AND COMPENSATION RULES 1996 EDITION REPUBLIC OF SINGAPORE). OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

PRIVATE CAR Comprehensive Classic

Certificate No.: DMPPHQ21-003320

1. Index Mark and Registration Number of Vehicles

SKG1090

2. Name of Policyholder

LEO SHEN HOUN

3. Effective Date of the Commencement of Insurance for the purpose of the Act

4 Date of Expiry of Insurance

5. Person or Classes of persons entitled to drive!

The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permiss. permission.

EQI Motor Accident Hotline

Form: SX2 Excess Insured Named Driver: Unnamed Drivers YEID Additional

6311 3211

Classic Plan - EQ Authorised Workshop Only



\$5600.00 \$51,100.00 \$43,000.00

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by proer of Court of Law or by reason of any enactment enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use!

Use for social, domestic and pleasure purposes and for the Policyholder's

business

The policy does not cover

(a) use for hire or reward

(b) use for racing, pace-making, reliability thats or speed testing

(c) use for the carriage of goods (other than samples) in connection with any

(d) use for any purpose in connection with the Motor Trade

"Limitations rendered inoperative by Section 9 of the Motor vehicles (Third-Party Risks and Compensation).

Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase

A000258/SGDnvers Pte Ltd Date of Issue | 26/04/2021 11:33

Authorised Signatory EQ Insurance Company Limited

Exp No. 0MPPHQ20-002863

A summer of the tale